

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2007 OCT 15 AM 8:53

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # 21468
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Arne Morgan

SIGNATURE OF PERSON FILING REPORT

641-664-3268

TELEPHONE

10-8-07

DATE SIGNED

I AM FILING A 10-8-07 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

10-22-07

County & Local Committees, enter County in
which Election is held

DAVIS

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) _____

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) _____

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 2,539³⁶

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONEY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	<input type="checkbox"/> IF FOR FUND-RAISER INCOME
8/13/07	ID# CK#	Barb Anderson 10162 Lupine Tr Bloomfield, IA 52537		\$ 50	<input type="checkbox"/>
8/13/07	ID# CK#	Mary Kindart 705 N. Davis Bloomfield, IA 52537		170	<input type="checkbox"/>
8/13/07	ID# CK#	Bill Augspurger 7 Deborah Dr Bloomfield, IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Duke Ball 17880 Husky Tr Bloomfield, IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Floyd Brown 19193 Lilac Ave Bloomfield, IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	DC Development PO Box 150 Bloomfield, IA 52537		25	<input type="checkbox"/>
8/13/07	ID# CK#	Levi Dixon 10 Hickory Hollow Rd Bloomfield, IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Kevin Early 1001 E. Franklin Bloomfield, IA 52537		250	<input type="checkbox"/>
8/13/07	ID# CK#	Sheld Early 19277 Lilac Bloomfield, IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Tim Felderman 406 5th Ave Bloomfield, IA 52537		50	<input type="checkbox"/>

SUB-TOTAL

\$ 945

TOTAL (if last page of this schedule)

\$ —

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

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8/13/07	ID# CK#	Sam Miller 18 Country Club Dr Bloomfield IA 52537		\$ 100	<input type="checkbox"/>
8/13/07	ID# CK#	Rhonda Northrup 710 N. West Bloomfield IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Joel Pedersen 1006 E. Franklin Bloomfield IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Elaine Perry 203 W. Christy St Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Linda Perry P.O. Box 21 Orakesville IA 52572		50	<input type="checkbox"/>
8/13/07	ID# CK#	Bruce Piper 706 N. Davis Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	John Steinbeck 22099 Lime Trail Bloomfield IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Wagler Funeral Home 304 W. Jefferson Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Warning Enterprises P.O. Box 215 Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Anne Morgan 301 Apple Bloomfield IA 52537		120	<input type="checkbox"/>
SUB-TOTAL				\$ 820	
TOTAL (if last page of this schedule)				\$ —	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

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8/16/07	ID# CK#	Jill Owen #8 Hickory Hollow Rd Bloomfield IA 52537		\$ 100	<input type="checkbox"/>
8/21/07	ID# CK#	Justin Swann 108 E Jefferson #1 Bloomfield IA 52537		25	<input type="checkbox"/>
8/21/07	ID# CK#	Helen Schroeder 407 S. Pine Bloomfield IA 52537		100	<input type="checkbox"/>
8/27/07	ID# CK#	Jeff Graves 903 Morningside Bloomfield IA 52537		50	<input type="checkbox"/>
8/27/07	ID# CK#	Greg Wetterich 2177 Mulhatch Ave Bloomfield IA 52537		50	<input type="checkbox"/>
8/27/07	ID# CK#	Dan Roberts 33304 198th St Douds IA		100	<input type="checkbox"/>
8/27/07	ID# CK#	Rob Melvin 30712 Indigo Ave Bloomfield IA 52537		26	<input type="checkbox"/>
9/13/07	ID# CK#	Sam Miller #18 Country Club Dr Bloomfield IA 52537		375	<input type="checkbox"/>
9/13/07	ID# CK#	Don Wirtanen 202 N. Madison Bloomfield IA 52537		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 926

TOTAL (if last page of this schedule)

\$ —

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

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8/13/07	ID# CK#	John Finnegan 202 N. Madison Bloomfield IA 52537		\$ 250	<input type="checkbox"/>
8/13/07	ID# CK#	Brendan Keegan 303 Quiffen Bloomfield IA 52537		50	<input type="checkbox"/>
8/13/07	ID# CK#	Jeff Kincart 20684 212th St Bloomfield IA 52537		300	<input type="checkbox"/>
8/13/07	ID# CK#	Jim Kincart 705 N. Davis Bloomfield IA 52537		173	<input type="checkbox"/>
8/13/07	ID# CK#	James Konha 1078 Kinnick Bloomfield IA 52537		75	<input type="checkbox"/>
8/13/07	ID# CK#	Nancy Logan 109 N. Madison Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	Rick Lynch 1748 S. Hwy 63 Bloomfield IA 52537		325 250	<input type="checkbox"/>
8/13/07	ID# CK#	Rod Lynch 12561 Neon Ave Bloomfield IA 52537		200	<input type="checkbox"/>
8/13/07	ID# CK#	Clifford Martin 305 W. Peeler Bloomfield IA 52537		100	<input type="checkbox"/>
8/13/07	ID# CK#	John Martin 101 S. Madison Bloomfield IA 52537		100	<input type="checkbox"/>

SUB-TOTAL

\$1,673

TOTAL (if last page of this schedule)

\$4,364

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

S.O.S. Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/14/07	ID# CK#	Carter Printing Des Moines, IA	Signs	\$ 1,139 ⁵⁰
8/23/07	ID# CK#	Champion Oskaloosa, IA 52577	Signs	385 ²⁰
10/1/07	ID# CK#	U.S. Post Office Bloomfield, IA 52537	Postage	300
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$1,824.70

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)